



**AIAA FOUNDATION UNDERGRADUATE
SCHOLARSHIP ACCEPTANCE FORM**

Name: _____

Address: _____

School Name (currently enrolled): _____

Financial Aid Office Mailing Address: _____

Student ID Number: _____

AIAA Membership Number: _____

Telephone: (Home) _____ (Cell) _____

Yes, I meet the following criteria and can therefore accept this AIAA Foundation Undergraduate Scholarship for the 2023/2024 academic year.

- I am a current AIAA student member in good standing
- I will maintain my student membership through the 2023/2024 academic year
- I am a full-time student at the above-mentioned institute for the 2023/2024 academic year
- I have not yet received nor anticipate receiving an undergraduate degree before the beginning of the fall term of the 2023/2024 academic year

No, I cannot accept the award because: _____

AIAA Office Use Only:

Undergraduate Scholarship Name: _____ Amount of Scholarship _____

Dispersement Account Number: _____